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CONFIRMATION NO. 6157

<b>SERIAL NUMBER</b> 10/788,787	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> GAMB-42880US2	
<b>APPLICANTS</b> Jan Peter Sternby, Lund, SWEDEN; Perry Asbrink, Malmö, SWEDEN; Eddie Nilsson, Sösdala, SWEDEN;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/425,124 10/22/1999 PAT 6,726,647					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 116					
<b>TITLE</b> SWITCH VALVE FOR AN EXTRACORPOREAL BLOOD CIRCUIT AND CIRCUIT INCLUDING SUCH A SWITCH VALVE					
<b>FILING FEE RECEIVED</b> 1956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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11/26/08